

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH DEC 13 1937

County.....

Township.....

City St. Louis, Mo. (No.....)

Registration District No. 791 / 1003 /

Primary Registration District No.

File No. 39447

Registered No. 10434

St. Ward)

2. FULL NAME Richard Lopez

(a) Residence, No. 1723 S. 9th st. St. 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

13. NAME Antonio Lopez

14. BIRTHPLACE (CITY OR TOWN) Galveston, (STATE OR COUNTRY) Texas

15. MAIDEN NAME Muriel Kitchen

16. BIRTHPLACE (CITY OR TOWN) Webb City, (STATE OR COUNTRY) Missouri

17. INFORMANT MG. Barry (ADDRESS) 5600 Arsenal st.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1937

19. UNDERTAKER Chas. A. Buel (ADDRESS) 4452 Washington Blvd

20. FILE NOV 9 1937 St. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 11 - 8 - 1937, to 11 - 8 - 1937

I last saw him alive on 11 - 8 - 1937. Death is said

to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Measles: - Date of onset 11-1-37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? stained Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry J. Ullrich, M. D.

(Address) 5600 Arsenal

